

Registered pharmacy inspection report

Pharmacy Name: Jayplex Dis.Chts, 724 Mansfield Road, Woodthorpe, NOTTINGHAM, Nottinghamshire, NG5 3FW

Pharmacy reference: 1035681

Type of pharmacy: Community

Date of inspection: 18/01/2023

Pharmacy context

This is a community pharmacy that is situated on a road leading out of the city centre. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. Other services that the pharmacy provides include delivering medicines to people's homes and the Community Pharmacist Consultation Service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

| Principle | Principle finding | Exception standard reference | Notable practice | Why |
|--|-----------------------|------------------------------|------------------|---|
| 1. Governance | Standards not all met | 1.1 | Standard not met | Overall, the pharmacy fails to identify and manage all the risks associated with the provision of its services. |
| | | 1.6 | Standard not met | The pharmacy does not maintain all the records it needs to provide assurance that the services are run safely. |
| 2. Staff | Standards met | N/A | N/A | N/A |
| 3. Premises | Standards met | N/A | N/A | N/A |
| 4. Services, including medicines management | Standards not all met | 4.3 | Standard not met | The pharmacy fails to store all its medicines in a manner that is suitable for the risks associated with them. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance Standards not all met

Summary findings

Overall, the pharmacy fails to identify and manage all the risks associated with the provision of its services. Members of the pharmacy team do not have current written procedures to refer to when carrying out their activities to help them make sure these are undertaken appropriately. And the pharmacy does not maintain all the records it needs to provide assurance that the services are run safely. But its team members do understand their roles and accountabilities. And the pharmacy manages people's personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it doesn't review its mistakes for trends and patterns it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had changed ownership in October 2022. The pharmacy had a set of standard operating procedures (SOPs) which had been written by the previous owner and were mainly out-of-date. The pharmacist said that the previous owner had only recently brought the SOPs in to the pharmacy. He said that he was going to review them and ensure that they reflected the working practices of the pharmacy but had not yet started to do so. But staff were seen dispensing medicines and handing medicines out to people safely. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. The pharmacy highlighted the prescriptions for CDs that were stored in the CD cupboard. But didn't highlight other CDs with a 28-day validity. This increased the risk that medicines that were no longer valid could be handed out to people.

The pharmacy had some processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). The pharmacist said that no dispensing errors had been made since the takeover but explained the process that he would follow. Near misses were discussed with the member of staff at the time but were not being recorded in the near miss log. The pharmacist subsequently provided evidence that he had started a near miss log and said that he would introduce a review process.

The pharmacy mainly maintained the necessary legal records to support the delivery of pharmacy services. These included the responsible pharmacist (RP) record and the private prescription book. Records about schedule 2 CDs were kept and were largely complete; there were minor instances of missing headers in some registers. The entries for two items checked at random during the inspection agreed with the physical stock held. The pharmacist had balance checked the CDs in October 2022 when the pharmacy changed ownership but had not balance checked the CDs since. But following a discrepancy in the methadone register which led to a negative balance being recorded in the register a balance check was completed, an investigation was carried out, and an accurate balance was entered. The pharmacist said that he would balance check all the CDs and start checking them regularly.

The pharmacy had a process for managing complaints and had an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential information was destroyed securely. Professional indemnity insurance was in place. The pharmacist understood safeguarding requirements and could explain the actions he would take to safeguard a vulnerable person. But he had not yet looked at the local procedures in place. He said that he would do

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Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members adequately manage the day-to-day workload within the pharmacy. They are mainly suitably trained for the roles they undertake. And they can raise concerns if needed.

Inspector's evidence

The responsible pharmacist at time of the inspection was one of the two regular, part-time pharmacists. The rest of the team comprised; a trainee dispensing assistant, one pharmacy apprentice and one trained medicine counter assistant. Only the trainee dispensing assistant was present during the inspection. The trainee dispensing assistant had recently changed roles from working solely on the counter; she said that she was receiving training from the pharmacist and had not yet started an external training course. She was just outside the required time limit to start the course. The pharmacist subsequently advised the inspector that she had been registered on an appropriate course. During the inspection the team was able to manage the day-to-day workload. The team member present said they were able to discuss any issues they had at work directly with the pharmacist. The team member present was observed referring queries to the pharmacist when needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private. The pharmacy has made changes to help keep people using the pharmacy safer from the risk of catching infectious diseases.

Inspector's evidence

Both the public area and the dispensary in the pharmacy were a quite small but they were an adequate size for the services provided. There was a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. There was adequate heating and lighting, and hot and cold running water was available.

A small-sized basically fitted-out consultation room was available for people to have a private conversation with pharmacy staff. However the room was cluttered and messy and did not present a professional image. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy fails to store all its medicines in a manner that is suitable for the risks associated with them. But overall, the pharmacy offers healthcare services which are mainly adequately managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing. The pharmacy doesn't take all the opportunities it has to give relevant advice to people who are taking higher-risk medicines. This means that people may not always have all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy had suitable access to allow people with a disability or a pushchair to get into the pharmacy. Members of the pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. He had some patients in the at-risk group but had not spoken to them since he had taken over the pharmacy. He said that he would speak to them the next time they came into the pharmacy. The pharmacist gave some advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. But he was not giving advice to people who took medicines that required ongoing monitoring such as warfarin or methotrexate. This could mean people may not always have all the information they need to take their medicines safely.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Dispensed medicines checked had both boxes initialled. However, the dispensed bottle of methadone waiting collection didn't have either box initialled to create an audit trail. The pharmacist said that the pharmacist from the previous day had dispensed the methadone but had forgotten to initial it. He said that he would complete the final check when the person came into the pharmacy. He said that he would make sure that the audit trail was completed from now on. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error.

The pharmacy provided a substance misuse service to one person. The medicine was supplied in a brown bottle. The medicine was repeatedly supplied in the same bottle. This was an infection risk and did not comply with NHS regulations. The pharmacist said that he would start using a different bottle each day.

The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community who needed help managing their medicines. It had processes to make sure people got their medicines in a timely manner. The compliance packs seen recorded the colour and shape of the medicines to make it easier for people to identify the medicine. The pharmacy sent patient information leaflets (PILs) with the packs to people every month.

Medicines were stored on shelves in their original containers. Opened bottles of liquid medications were not always marked with the date of opening which could make it harder for the pharmacist to know if they were still suitable for use. The pharmacy team had date checked medicines when they

took over the pharmacy in October 2022 and had removed medicines that were out of date up to the end of January 2023. A check of a small number of medicines didn't find any that were out of date. The pharmacist said that he would introduce a regular date checking process. The pharmacy had one fridge which was small for the number of items stored in it. This meant that some items were pushed to the back which increased the risk of them freezing. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist explained the process for managing drug alerts which included making a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy mainly has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy mainly used suitable measures for measuring liquids. But one plastic measure did not have a stamp to show that it had been calibrated to confirm the measure was accurate. The pharmacist said he would stop using it. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. Records showed that the pharmacy's portable electronic appliances had been last tested to make sure they were safe in 2020. They looked in reasonable condition. The pharmacist said he would arrange for them to be safety tested.

What do the summary findings for each principle mean?

| Finding | Meaning |
|-----------------------|--|
| ✓ Excellent practice | The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards. |
| ✓ Good practice | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services. |
| ✓ Standards met | The pharmacy meets all the standards. |
| Standards not all met | The pharmacy has not met one or more standards. |